

## JURY SERVICE EXEMPTION

Mail Completed Form To: City of Arlington Municipal Court  
Attn: Jury Coordinator  
Mail Stop 02-0100 P.O. Box 90403  
Arlington, Texas 76004-3403

### JURY SERVICE EXEMPTION INFORMATION:

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

WEEK DAY TELEPHONE NUMBER ( ) \_\_\_\_\_

SCHEDULED JURY SERVICE DATE: \_\_\_\_\_

Month Day Year

I have read and understand the qualifications and or exemptions from Jury Service as provided by law and I wish to note my disqualification or claim the following exemption from Jury Service. Please check the items below that apply to you:

- ☐ I AM NOT A RESIDENT OF THE CITY OF ARLINGTON.
- ☐ I AM 70 YEARS OF AGE OR OLDER AND DO NOT WISH TO SERVE ON THE JURY. \*MY DATE OF BIRTH IS: \_\_\_\_\_
- ☐ I HAVE A PHYSICAL OR MENTAL HANDICAP WHICH IMPAIRS ME TO SUCH A DEGREE THAT JURY SERVICE WOULD CREATE AN UNDUE HARDSHIP. \*NATURE OF DISABILITY WHICH LIMITS JURY SERVICE: \_\_\_\_\_

- ☐ I AM A FULL TIME STUDENT CURRENTLY ENROLLED IN AND ATTENDING A SECONDARY SCHOOL OR COLLEGE.

\*NAME OF SCHOOL/COLLEGE: \_\_\_\_\_

\*ATTACH A COPY OF SCHOOL IDENTIFICATION CARD.

- ☐ I HAVE LEGAL CUSTODY OF A CHILD/CHILDREN YOUNGER THAN 10 YEARS OF AGE AND JURY SERVICE WOULD REQUIRE LEAVING THE CHILD/CHILDREN WITHOUT ADEQUATE SUPERVISION.

\*LIST AGES OF CHILDREN: \_\_\_\_\_

\*ARE YOU EMPLOYED OUTSIDE THE HOME: ☐ YES ☐ NO

\*IF YES, WHO CARES FOR CHILDREN DURING YOUR NORMAL WORK HOURS? \_\_\_\_\_

- ☐ MY COMMAND OF THE ENGLISH LANGUAGE IS LIMITED AND WOULD INHIBIT MY ABILITY TO SERVE ON A JURY.

\*MY NATIVE LANGUAGE IS: \_\_\_\_\_

\*CURRENT PLACE OF EMPLOYMENT: \_\_\_\_\_

- ☐ I HAVE PREVIOUSLY BEEN CONVICTED OF A FELONY.

\*DATE OF CONVICTION: \_\_\_\_\_

\*COURT OR PALCE OF CONVICTION: \_\_\_\_\_

- ☐ I AM CURRENTLY UNDER INDICTMENT FOR A FELONY OR A THEFT OFFENSE.

\*DATE OF INDICTMENT OR THEFT CHARGE: \_\_\_\_\_

\*COURT OR AGENCY FILING CHARGE: \_\_\_\_\_

- ☐ I AM THE PRIMARY CARETAKER OF A PERSON WHO IS AN INVALID. (UNABLE TO CARE FOR THEMSELVES).

- ☐ I AM AN OFFICER OR AN EMPLOYEE OF THE SENATE, THE HOUSE OF REPRESENTATIVES OR A DEPARTMENT, COMMISSION, BOARD, OFFICE OR OTHER AGENCY IN THE LEGISLATIVE BRANCH OF STATE GOVERNMENT.

\*LIST SPECIFIC PLACE OF EMPLOYMENT, YOUR POSITION, TITLE, AND WORK TELEPHONE NUMBER: \_\_\_\_\_

**I SWEAR OR AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS, TO THE BEST OF MY KNOWLEDGE, BOTH TRUE AND CORRECT.**

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**Signature**

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**Date Signed**

**IF YOU WANT TO CLAIM AN EXEMPTION OR DISQUALIFICATION FROM JURY SERVICE, THIS NOTICE MUST BE SIGNED, DATED AND RETURNED TO THE CITY OF ARLINGTON MUNICIPAL COURT AT LEAST 10 CALENDAR DAYS PRIOR TO YOUR SCHEDULED COURT APPEARANCE DATE.**